

Operations and Maintenance Checklist

Dates Covered (Month/Day/Year): From _____ To _____

Facility Name/ID: _____ Machine Type/ID: _____

Check Daily*	Date →							
Button and lint traps cleaned and inspected for damage, and lint placed in tightly sealed container.								

Check at least Weekly, or as often as required by District or manufacturer*	Date →							
System checked for liquid and vapor leaks. (Use leak inspection checklist for specific components.)								
Refrigerated condenser temperature outlet temperature 45° F (7.2° C) or less	Temperature →							
Carbon adsorber desorbed according to manufacturer's specifications.	Start Time/Stop Time →							

Check Using Frequency Required by District*	Date →							
Filters: a. Drained in filter housing at least 24 hours (cartridge filters) or 48 hours (adsorptive cartridge filters), or b. dried, stripped, sparged, or otherwise treated within sealed filter housing.								
Still and/or muck cookers do not exceed 75% of capacity, or alternative level recommended by the manufacturer.								
Still and/or muck cooker cools to 100° F (38° C) or less before emptying or cleaning.								
Spare items on site: gaskets for the loading door, still, lint trap, button trap, water separator, and spare lint filter.								
All parts of perc system or workroom kept closed at all times, except when access required for proper operation and maintenance.								
Wastewater treatment units operated so no liquid perc or visible emulsion allowed to vaporize.								
Recordkeeping complies with California Code of Regulations, Section 93109(j) and with District requirements.								

*Blank rows included for district Operations and Maintenance requirements or manufacturer recommendations

Pounds of Materials Cleaned Per Load (Begin at the Annual Starting Period)

Year: _____ Month: _____ Facility ID: _____ Machine ID: _____

		Load Number												
Date	Day	1	2	3	4	5	6	7	8	9	10	11	12	Total
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
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21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														

Total for Year at Beginning of this Month	
Total During this Month (rows 1 through 31)	
Total for Year at End of Month	

Weekly Leak Check*

Month _____ Year _____ Machine Type _____ Initials of Inspector _____

Facility ID: _____ Machine ID: _____ *See Instructions Below**

DATE					
WASH CYCLE					
Machine Door Gasket & Seating					
Hose Connections, Unions, Couplings & Valves					
Pumps					
Machine Door Gasket & Seating					
Water Separators					
Cartridge Filters					
DRY CYCLE					
Machine Door Gasket & Seating					
Deodorizing & Aeration Valves on Dryers					
Air & Exhaust Ductwork					
Hose Connections, Unions, Couplings & Valves					
Water Separators					
Filter Head Gasket & Seating					
DISTILLATION					
Hose Connections, Unions, Couplings & Valves					
Water Separators					
Distillation Unit					
ANYTIME					
Saturated Lint from Lint Basket					
Base Tanks & Storage Containers					

**“✓” is okay; “0” means a leak is found. Record actual ppmv values (indicated on an approved portable leak detector) on at least one date each year.

Service and Repair Log

Machine ID: _____ Facility ID: _____ Inspector ID: _____

[illegible]

¹Parts must be ordered within the next business day.

²Repair parts must be installed within two business days after receipt.

³A facility with a leak that has not been repaired by the end of the 7th business day after detection must not operate the dry cleaning machine until the leak is repaired, unless the local district grants a leak-repair extension.

NOTE: All leaks must be repaired within 7 working days or you must contact the local district. See back page of this handbook for phone number.

Annual Report*

Facility Name: _____

Street Address: _____ City: _____

State: _____ ZIP Code: _____ Telephone #: _____

Facility ID: _____ Machine ID: _____

Make: _____ Model: _____ Serial: _____

Period: January 1 through December 31 of _____ (Year)

		Perc Added	
Month	Lbs. Clothes Cleaned	Date	Perc (Gallons)
Total		Total	

Submitted By: _____
Printed Name

Signature: _____ Date: _____

Annual perc leak check performed on:

Date: _____ Time: _____

*Attach copy of certificates for all trained operators.